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PTO/SB/05 (03-01)

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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br>(Only for new nonprovisional applications under 37 CFR 1.53(b)) | Attorney Docket No.    | P1387   |
|  | First Inventor         | Ming-Huang Lan  |
|  | Title                  | Incubation Method for Obtaining Solid...and Use Thereof |
|  | Express Mail Label No. | EV003894909US   |

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| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents.   | <b>ADDRESS TO:</b> Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231  |
| 1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br>(Submit an original and a duplicate for fee processing)<br>2. <input checked="" type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.<br>3. <input checked="" type="checkbox"/> Specification [Total Pages 20]<br>(preferred arrangement set forth below)<br>- Descriptive title of the invention<br>- Cross Reference to Related Applications<br>- Statement Regarding Fed sponsored R & D<br>- Reference to sequence listing, a table,<br>or a computer program listing appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings (if filed)<br>- Detailed Description<br>- Claim(s)<br>- Abstract of the Disclosure<br>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 7]<br>5. Oath or Declaration [Total Pages 2]<br>a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br>Copy from a prior application (37 CFR 1.63 (d))<br>(for continuation/divisional with Box 18 completed)<br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s)<br>named in the prior application, see 37 CFR<br>1.63(d)(2) and 1.33(b).<br>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program (Appendix)<br>8. Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary)<br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br>ii. <input type="checkbox"/> paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies |
| <b>ACCOMPANYING APPLICATION PARTS</b>   |  |
| 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney<br>(when there is an assignee)<br>11. <input type="checkbox"/> English Translation Document (if applicable)<br>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations<br>13. <input type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)<br>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)<br>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122<br>(b)(2)(B)(i). Applicant must attach form PTO/SB/35<br>or its equivalent.<br>17. <input checked="" type="checkbox"/> Other: Check No. 4530   |  |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group Art Unit \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

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|                   |                        |                                   |               |
|-------------------|------------------------|-----------------------------------|---------------|
| Name (Print/Type) | Mark E. Andrews        | Registration No. (Attorney/Agent) | 43,472        |
| Signature         | <i>Mark E. Andrews</i> | Date                              | Dec. 14, 2001 |

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| <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2002</h3> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision.</p> |  | <b>Complete if Known</b>               |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |  | Application Number                     |  |
|   |  | Filing Date<br>December 14, 2001       |  |
|   |  | First Named Inventor<br>Ming-Huang Lan |  |
|   |  | Examiner Name                          |  |
|   |  | Group Art Unit                         |  |
| TOTAL AMOUNT OF PAYMENT   |  | (\$) 631.00                            |  |
|   |  | Attorney Docket No. P1387              |  |

| METHOD OF PAYMENT (check all that apply)  | FEE CALCULATION (continued)   |              |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
|---|---|--------------|--------------|--|-----------------|-----------------|----------|----------|----------|----------|----------|-----|-----|-----|--------------------|-------------------------------------|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|---------------------------|-----|-----|-------|-----|--------------------|---|-----|-----|------|-----|------------------------|--|--------------|-----|--------|-----|-------------|---|--------------|-----|--------------|-----|----------------|--|----------|-----|--------------------|-----|---------|---|---|-----|-----|-----|---------------------------|--|--------|-----|-------|-----|-----|---|--------------|-----|--------------|-----|-----------------|--|----------|----------|----------|----------|-----|------------------|-----|-----|------------------------|-----|-----|--|-----|-----|-----------------------------------|-----|-----|--------------------------|-----|-----|---------------------------------------|-----|-------|---|-----|-----|--|-----|-----|----------------------------------|-----|-----|--|-----|--------------|------------------------------------|--|-----|-------------|-----|--|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|--------------|--|--|--|-----------|--|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><br><input type="checkbox"/> Deposit Account:<br>Deposit Account Number _____<br>Deposit Account Name _____<br><br>The Commissioner is authorized to: (check all that apply)<br><input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments<br><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above identified deposit account.  | <h3>3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (3)</td> <td colspan="2" style="text-align: right;">(\$) 0.00</td> </tr> </tbody> </table> | Large Entity |              | Small Entity   |                 | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205 | 65                 | Surcharge - late filing fee or oath |     | 127 | 50  | 227 | 25                | Surcharge - late provisional filing fee or cover sheet |     | 139 | 130 | 139 | 130              | Non-English specification |     | 147 | 2,520 | 147 | 2,520              | For filing a request for ex parte reexamination |     | 112 | 920* | 112 | 920*                   | Requesting publication of SIR prior to Examiner action |              | 113 | 1,840* | 113 | 1,840*      | Requesting publication of SIR after Examiner action |              | 115 | 110          | 215 | 55             | Extension for reply within first month |          | 116 | 400                | 216 | 200     | Extension for reply within second month |   | 117 | 920 | 217 | 460                       | Extension for reply within third month |        | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |              | 128 | 1,960        | 228 | 980             | Extension for reply within fifth month |          | 119      | 320      | 219      | 160 | Notice of Appeal |     | 120 | 320                    | 220 | 160 | Filing a brief in support of an appeal |     | 121 | 280                               | 221 | 140 | Request for oral hearing |     | 138 | 1,510                                 | 138 | 1,510 | Petition to institute a public use proceeding |     | 140 | 110  | 240 | 55  | Petition to revive - unavoidable |     | 141 | 1,280  | 241 | 640          | Petition to revive - unintentional |  | 142 | 1,280       | 242 | 640  | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | SUBTOTAL (3) |  |  |  | (\$) 0.00 |  |
| Large Entity  |   | Small Entity |              | Fee Description  | Fee Paid        |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| Fee Code  | Fee (\$)  | Fee Code     | Fee (\$)     |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 105   | 130   | 205          | 65           | Surcharge - late filing fee or oath  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 127   | 50  | 227          | 25           | Surcharge - late provisional filing fee or cover sheet                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 139   | 130   | 139          | 130          | Non-English specification  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 147   | 2,520   | 147          | 2,520        | For filing a request for ex parte reexamination                            |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 112   | 920*  | 112          | 920*         | Requesting publication of SIR prior to Examiner action                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 113   | 1,840*  | 113          | 1,840*       | Requesting publication of SIR after Examiner action                        |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 115   | 110   | 215          | 55           | Extension for reply within first month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 116   | 400   | 216          | 200          | Extension for reply within second month                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 117   | 920   | 217          | 460          | Extension for reply within third month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 118   | 1,440   | 218          | 720          | Extension for reply within fourth month                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 128   | 1,960   | 228          | 980          | Extension for reply within fifth month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 119   | 320   | 219          | 160          | Notice of Appeal   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 120   | 320   | 220          | 160          | Filing a brief in support of an appeal                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 121   | 280   | 221          | 140          | Request for oral hearing   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 138   | 1,510   | 138          | 1,510        | Petition to institute a public use proceeding                              |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 140   | 110   | 240          | 55           | Petition to revive - unavoidable   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 141   | 1,280   | 241          | 640          | Petition to revive - unintentional   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 142   | 1,280   | 242          | 640          | Utility issue fee (or reissue)   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 143   | 460   | 243          | 230          | Design issue fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 144   | 620   | 244          | 310          | Plant issue fee  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 122   | 130   | 122          | 130          | Petitions to the Commissioner  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 123   | 50  | 123          | 50           | Processing fee under 37 CFR 1.17(q)  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 126   | 180   | 126          | 180          | Submission of Information Disclosure Stmt                                  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 581   | 40  | 581          | 40           | Recording each patent assignment per property (times number of properties) |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 146   | 740   | 246          | 370          | Filing a submission after final rejection (37 CFR § 1.129(a))              |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 149   | 740   | 249          | 370          | For each additional invention to be examined (37 CFR § 1.129(b))           |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 179   | 740   | 279          | 370          | Request for Continued Examination (RCE)                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 169   | 900   | 169          | 900          | Request for expedited examination of a design application                  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| Other fee (specify) _____   |   |              |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| SUBTOTAL (3)  |   |              |              | (\$) 0.00  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| <h3>1. BASIC FILING FEE</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td>370.00</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td colspan="2" style="text-align: right;">(\$) 370.00</td> </tr> </tbody> </table> <h3>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Total Claims</td> <td>49</td> <td>Extra Claims</td> <td>29</td> <td>Fee from below</td> <td>261</td> <td>Fee Paid</td> <td>261</td> </tr> <tr> <td>Independent Claims</td> <td>1</td> <td>-20** =</td> <td>0</td> <td>x</td> <td>0</td> <td>=</td> <td>0</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td>-3** =</td> <td>0</td> <td>x</td> <td>0</td> <td>=</td> <td>0</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td colspan="2" style="text-align: right;">(\$) 261.00</td> </tr> </tbody> </table> <p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</p> | Large Entity  |              | Small Entity |  | Fee Description | Fee Paid        | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 101      | 740 | 201 | 370 | Utility filing fee | 370.00                              | 106 | 330 | 206 | 165 | Design filing fee |  | 107 | 510 | 207 | 255 | Plant filing fee |                           | 108 | 740 | 208   | 370 | Reissue filing fee |   | 114 | 160 | 214  | 80  | Provisional filing fee |  | SUBTOTAL (1) |     |        |     | (\$) 370.00 |   | Total Claims | 49  | Extra Claims | 29  | Fee from below | 261                                    | Fee Paid | 261 | Independent Claims | 1   | -20** = | 0                                       | x | 0   | =   | 0   | Multiple Dependent Claims |  | -3** = | 0   | x     | 0   | =   | 0                                       | Large Entity |     | Small Entity |     | Fee Description | Fee Paid                               | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 103 | 18               | 203 | 9   | Claims in excess of 20 |     | 102 | 84                                     | 202 | 42  | Independent claims in excess of 3 |     | 104 | 280                      | 204 | 140 | Multiple dependent claim, if not paid |     | 109   | 84  | 209 | 42  | ** Reissue independent claims over original patent |     | 110 | 18                               | 210 | 9   | ** Reissue claims in excess of 20 and over original patent |     | SUBTOTAL (2) |                                    |  |     | (\$) 261.00 |     | <p style="font-size: x-small;">*Reduced by Basic Filing Fee Paid</p> |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| Large Entity  |   | Small Entity |              | Fee Description  |                 |                 | Fee Paid |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| Fee Code  | Fee (\$)  | Fee Code     | Fee (\$)     |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 101   | 740   | 201          | 370          | Utility filing fee   | 370.00          |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 106   | 330   | 206          | 165          | Design filing fee  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 107   | 510   | 207          | 255          | Plant filing fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 108   | 740   | 208          | 370          | Reissue filing fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 114   | 160   | 214          | 80           | Provisional filing fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| SUBTOTAL (1)  |   |              |              | (\$) 370.00  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| Total Claims  | 49  | Extra Claims | 29           | Fee from below   | 261             | Fee Paid        | 261      |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| Independent Claims  | 1   | -20** =      | 0            | x  | 0               | =               | 0        |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| Multiple Dependent Claims   |   | -3** =       | 0            | x  | 0               | =               | 0        |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| Large Entity  |   | Small Entity |              | Fee Description  | Fee Paid        |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| Fee Code  | Fee (\$)  | Fee Code     | Fee (\$)     |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 103   | 18  | 203          | 9            | Claims in excess of 20   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 102   | 84  | 202          | 42           | Independent claims in excess of 3  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 104   | 280   | 204          | 140          | Multiple dependent claim, if not paid                                      |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 109   | 84  | 209          | 42           | ** Reissue independent claims over original patent                         |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| 110   | 18  | 210          | 9            | ** Reissue claims in excess of 20 and over original patent                 |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |
| SUBTOTAL (2)  |   |              |              | (\$) 261.00  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |   |     |     |      |     |                        |  |              |     |        |     |             |   |              |     |              |     |                |  |          |     |                    |     |         |   |   |     |     |     |                           |  |        |     |       |     |     |   |              |     |              |     |                 |  |          |          |          |          |     |                  |     |     |                        |     |     |  |     |     |                                   |     |     |                          |     |     |                                       |     |       |   |     |     |  |     |     |                                  |     |     |  |     |              |                                    |  |     |             |     |  |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |              |  |  |  |           |  |

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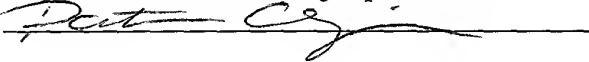
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FOR:             INCUBATION METHOD FOR OBTAINING SOLID CULTURE OF  
                     ZANG ZHI, SOLID CULTURE OBTAINED THEREFROM,  
                     PROCESSED PRODUCTS AND USE THEREOF

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Mark E. Andrews  
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